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OCCUPATIONAL FATALITY RATE LOWEST IN TWENTY YEARS

Greatly reduced industrial activity throughout the whole of 1931 resulted in the lowest deathrate from accidental injuries arising out of or in the course of employment ever recorded for adult white male policyholders insured in the Industrial Department of the Metropolitan Life Insurance Company. The facts for a twenty-year period, for which such records are available show this clearly.

Occupational fatalities during 1931 occurred at the rate of 27.3 deaths per 100,000 adult white male policyholders; a decline of 12 per cent. from the rate of 31.0 per 100,000 for 1930. Each of the principal means of accidental injury showed a marked decline, as compared with 1930, with the exception of occupational automobile accidents, for which the rate increased 21 per cent. The rate in 1931 for all occupational fatalities was .2 deaths per 100,000 lower than that in 1915, and two deaths per 100,000 lower than in 1921, the years with the next lowest rates. These years, like 1931, were characterized by low business activity and widespread unemployment. In general, the insurance analysis shows that the curve for the occupational fatalities follows the curve of business conditions. The low rates for the years cited are in striking contrast to the high rates for 1913, 45.7 per 100,000; 1918, 40.9; and for 1923, 40.1 per 100,000. The high rate in 1913 exceeded the low rate in 1931 by 67 per cent. These facts are brought out in the accompanying table, which gives the deathrate per 100,000 by specific means of injury for white male policyholders, ages 15 years and over for each year, 1912 to 1931, inclusive.

Data for adult colored male policyholders are available only since 1921. Deathrates for these policyholders were found to be from two to fifteen per cent. higher than those for white males in the corresponding years, with the exception of 1931, when the rate for the colored dropped to 26.9 per 100,000 as compared with 27.3 for the white policyholders.

Traumatism by falls was the most frequently reported means of fatal occupational injury in 1931 among our adult white male policyholders. Deaths occurred through this means at a rate of 4.8 per 100,000. Closely following falls were automobile accidents with a rate of 4.6 per 100,000. Other important means of injury, in the order of their deathrates were—traumatism by machines (3.1), traumatism in mines and quarries (3.0), steam railroad accidents (1.9), electricity (1.5), accidental drowning (1.3), and accidental burns (1.0).

Traumatism by falls was the leading means of occupational injury in each year since 1927, and also in the years 1925, 1924, and 1921. Steam railroad accidents were the principal means for the entire period 1912 to 1920, and again led the list in 1922, 1923, and in 1926. This change in the position of railroad accidents and traumatism by falls in recent years, was not brought about by an increase in the deathrates for falls, which, on the whole, have fluctuated within fairly narrow limits in the twenty-year period, but by the decline in the rate for railroad accidents. From the high point of 12.5 deaths per 100,000 in 1913, the rate for this type of accident has declined to 1.9 deaths per 100,000 in 1931. Much of this decline is undoubtedly real, and reflects a reduction in the accident hazard of railroad employees due to the safety measures introduced by the roads. But the extremely low rates recorded in 1930 and in 1931 must be ascribed in large measure to the very unfavorable economic situation of the railroads in these years, involving reduced traffic and fewer employees.

Industrial automobile accidents have come up from a place near the bottom of the list in 1912, to second place in the years 1930 and 1931. In the latter year, the rate (4.6) was but .2 deaths per 100,000 behind the rate for falls. If the present tendency continues, automobile accidents will soon be the leading means of fatal occupational injury.

Numerous estimates have been made of the number of accidental occupational fatalities which occur annually in the United States. These vary widely, but for several years the figure of 23,000 occupational deaths was accepted rather generally. In view of the wide fluctuations in the rates from year to year, as shown in the table for Industrial policyholders, no specific figure, obviously, should be accepted as representative. A separate calculation should be made for each year. The NATIONAL SAFETY COUNCIL recently reviewed the data available to them for the years 1930, 1929, and 1928, and estimated the number of deaths in each of these years to be, respec-

tively, 19,000, 20,000, and 19,000 deaths. If we assume that the decline in the deathrate from occupational fatalities was the same for workers generally as for workers insured in the Industrial Department of the Metropolitan Life Insurance Company, we should estimate, on the basis of the Safety Council's figures, that there were 2,000 fewer such deaths in 1931 than in 1930, and that the total number in 1931 was 17,000.

Deathrates per 100,000 from Occupational Injury by General and Specific Means of Injury, White Males at Ages 15 and Over—Metropolitan Life Insurance Company, Industrial Department, Weekly Premium Paying Business, 1912-1931

Means of Injury*	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922
All Occupational Deaths	27.3	31.0	35.9	30.4	35.6	36.5	35.8	34.4	40.1	35.9
Accidental burns (conflagration excepted)	1.0	1.7	1.1	1.2	1.1	1.5	1.1	1.3	1.5	1.0
Accidental absorption of irrespirable gases	.4	.3	.5	.3	.4	.5	.5	.6	.7	.7
Accidental drowning	1.3	1.5	1.7	1.9	2.1	1.9	2.0	1.7	2.2	2.0
Traumatism by fall	4.8	5.4	5.1	4.7	5.5	5.2	5.5	5.0	5.2	5.3
Traumatism in mines and quarries	3.0	3.5	4.7	3.9	4.9	4.1	3.9	4.1	4.2	3.4
Traumatism by machines	3.1	3.5	4.5	3.8	3.8	4.1	3.9	3.5	5.1	5.0
Steam railroad accidents	1.9	2.6	4.9	3.4	5.1	5.5	4.9	4.8	7.0	5.4
Street railway accidents	.5	.4	.3	.4	.5	.7	.5	.7	.7	.8
Automobile accidents	4.6	3.8	3.8	2.9	3.3	3.0	2.8	2.3	3.9	3.6
Electricity (lightning excepted)	1.5	1.9	2.4	1.9	2.1	2.3	2.8	2.8	2.0	1.9
All other means	5.2	6.4	6.9	6.0	6.8	7.7	7.9	7.6	7.6	6.8

Means of Injury*	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912
All Occupational Deaths	29.3	34.9	32.1	40.9	32.5	33.5	27.5	35.2	45.7	39.6
Accidental burns (conflagration excepted)	1.1	1.4	1.3	1.5	1.6	†	†	†	†	†
Accidental absorption of irrespirable gases	.6	.6	.5	.7	.4	.6	.1	.5	.4	.3
Accidental drowning	2.2	1.8	1.4	1.3	1.1	.7	1.3	1.4	1.7	2.0
Traumatism by fall	4.2	3.8	4.2	5.0	4.5	6.0	5.6	5.9	7.6	6.2
Traumatism in mines and quarries	3.8	4.9	4.6	4.7	3.7	3.4	2.8	3.9	3.8	4.7
Traumatism by machines	2.9	4.9	3.4	5.8	4.2	4.6	3.2	4.2	5.5	4.0
Steam railroad accidents	3.9	7.2	6.5	10.7	8.1	7.7	5.7	8.2	12.5	9.9
Street railway accidents	.6	.6	1.1	1.3	.7	1.0	.8	1.2	1.3	2.1
Automobile accidents	1.9	1.4	1.0	1.2	.9	.9	.8	1.1	1.1	.5
Electricity (lightning excepted)	2.1	2.1	2.4	2.4	1.6	1.7	1.0	1.7	2.4	2.3
All other means	6.0	6.2	5.7	6.3	5.7	6.9	6.2	7.1	9.4	7.6

*Titles of the International List of Causes of Death, 1920 Revision.
†Not available.

IS SYPHILIS DECLINING?

Of all diseases perhaps the most definitely preventable are the venereal diseases. One would, therefore, expect that modern methods of public health management should have led, in the domain of these diseases, to definite, clearly recognizable improvement. The facts seem a little confusing. Those who have studied more particularly the *sickness* rate are pessimistic. DR. WILLIAM L. MUNSON, District State Health Officer, Granville, N. Y., in a recent issue of the AMERICAN JOURNAL OF PUBLIC HEALTH, remarks "Apparently from statistics, we are really not gaining much headway in the eradication of syphilis." Similar views are expressed by DR. THOMAS PARRAN, JR., New York State Health Commissioner. On the other hand, a survey of the *deathrates* from syphilis gives a much more encouraging impression. In fact, the figures for syphilis in recent years show a marked decline among white persons of both sexes. The situation is much less favorable among our colored population.

The decline among the white Industrial policyholders of the Metropolitan Life Insurance Company has not been one continuous downgrade. Among males in the age group 25 to 74, the standardized deathrate from syphilis* in the series of years 1911 to 1930 first showed a continuous rise from 35.4 per 100,000 in 1911 to a peak of 53.0 in 1917; from this point on there has been an almost continuous decline until in 1930 the deathrate had fallen to 25.3, or considerably less than one-half its value in 1917, and five-sevenths of its value in 1911.

Among insured white females, a somewhat similar course of events appears, although the rates are very materially lower. The series begins with a deathrate of 11.9 per 100,000 in 1911, and rises to a peak of 16.9 per 100,000 in 1917, the same year in which the peak among males was reached; from this point on there is an almost continuous decline to the lowest figure of 7.7, attained in 1930.

Essentially similar trends are shown by the mortality statistics for syphilis in the general population of the United States Registration States, as will be seen in the graph† on page 5.

Judging by these deathrates one would be greatly encouraged, all the more because certification of deaths from syphilis has been constantly improving in the last two decades. Were it not for this

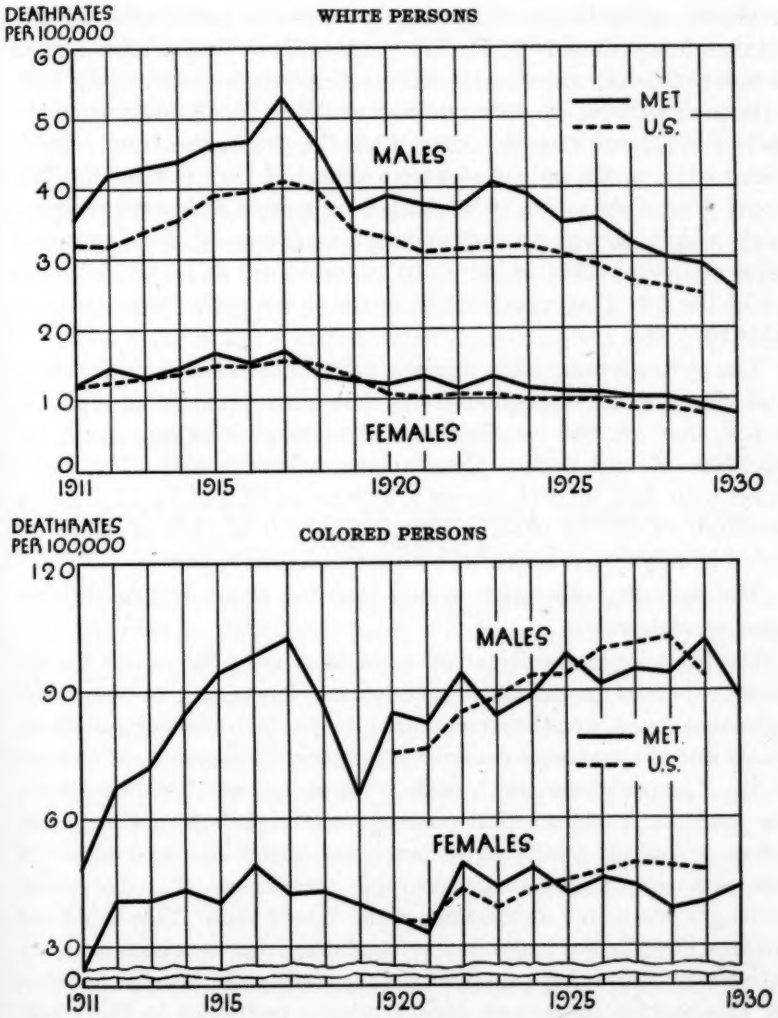
*The rates here recited are for the mortality definitely reported from syphilis, together with that from locomotor ataxia and general paralysis of the insane. The best medical opinion is that virtually all such deaths are of syphilitic origin.

†In this graph the rates shown for the United States Death Registration States calendar years prior to 1920 relate, strictly speaking, not to white persons, but to *all* persons. But at this early period the registration area contained relatively few colored persons.

SYPHILIS, LOCOMOTOR ATAXIA AND GENERAL PARALYSIS OF THE INSANE

Standardized Deathrates per 100,000 in Age Group 25 to 74

METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL DEPARTMENT, 1911-1930; UNITED STATES DEATH REGISTRATION STATES* 1911-1929



Expanding area 1911-1919, inclusive of small proportion of colored persons; constant area as of 1920 thereafter, white persons only

factor, the current rates would be even lower than they now appear. If the rate of decline observed in the last fourteen years could be maintained, syphilis among white persons should within the next half century become a minor cause of death.

In the colored population the situation is very different. The deathrates are throughout very much higher and the improvement in recent years is only slight. Among colored male Industrial policyholders the series begins with a deathrate of 47.8 per 100,000 in 1911 and rises to a peak of 102.5 in 1917. After this we find a rather irregular series of figures showing no definite tendency to decline. In fact, in the year 1929 we see a rate as high as 101.9, hardly lower than the peak of 1917, and this at a time when the deathrates from syphilis among white males and females were almost at their minimum. The closing year of the series, 1930, exhibits a figure of 88.6 among colored males, which, though an improvement as compared with each preceding year since 1924, is hardly to be considered as favorable; for it is a higher rate than prevailed in many of the earlier years, such as 1923, 1921 and 1920.

The picture among colored female policyholders is not much better. While the rates are throughout lower than among colored male policyholders, they are still very high, and here there is perhaps even less indication of any decline than among colored males. The series begins with 24.0 in 1911, shows a high point of 49.1 in 1916 and a maximum of 49.7 in 1922; it closes with 44.0 in 1930, a figure exceeded in only five years out of the series of twenty years.

The mortality of syphilis is thus largely a problem related to the negro population.

The question naturally arises what have been the causes for the downward trend in the white population. There can be very little doubt that it is due to the education of the public to the dangers of the disease and the measures available effectively to prevent and to combat it. The peak year, 1917, is the year of our entry into the World War, and the maximum that occurred here is perhaps not very surprising. That so gratifying a downward trend has been observed since is no doubt due in considerable measure to the educational campaigns conducted at the time of the World War. This trend has benefited directly the males in the population, among whom rates are particularly high; it has benefited, perhaps indirectly, also the females. But the benefits have been almost wholly restricted to the white population.

One is a little at a loss how to construe the fact that the marked

decline in the deathrate among white persons is not reflected in the corresponding morbidity rates, judging by recent publications on the latter. The explanation that obviously suggests itself is that modern methods of treatment have mitigated the fatality of the disease while practically no advance has been made in prevention. But laboratory and clinical experience do not give adequate evidence of this, and it is a supposition that would require positive substantiation before it could be considered as anything more than a possible hypothesis. It seems more probable that greater interest manifested by health workers in recent years has resulted in the better reporting of cases. Certainly there has been a continuous growth of laboratory and clinic service in the diagnosis and treatment of syphilis in all parts of the United States.

In conclusion, it may be remarked that the situation set forth above as regards the country as a whole does not necessarily apply to individual areas. For example, records for New York City, which have not been analyzed in detail here, show, not a decline, but an actual increase, in the deathrate from syphilis for the male population as a whole. This fact must be construed with caution. It may be due, in part, or perhaps entirely, to the influx of colored persons from the South which has occurred in recent years.

NINETEEN THIRTY-ONE THE BEST HEALTH YEAR IN CANADA

The health record of 1931, among Canadian wage-earners and their dependents, was even more remarkable than that registered among the Industrial population of the United States. In the latter country, 1931 was recognized as a remarkable health year because the deathrate, in spite of general unemployment and business depression, ran less than two per cent. *above* the previous minimum. But, with equally unfavorable economic conditions prevailing among approximately 1,200,000 Canadian wage-earners and their dependents, who are insured in the Industrial Department of the Metropolitan Life Insurance Company, their 1931 deathrate was actually more than seven per cent. *below* the previous minimum.

New minimal deathrates were registered in Canada, in 1931, for measles, scarlet fever, diphtheria, pneumonia, tuberculosis and diarrheal complaints. Comparing the 1931 deathrates for these diseases with those shown for 1925, we observe drops of 53 per cent. for measles, 35 per cent. for scarlet fever, 43 per cent. for diphtheria, 16

per cent. for pneumonia, 21 per cent. for tuberculosis, and 37 per cent. for diarrheal diseases.

Perhaps the most gratifying item in the accompanying table is the 1931 deathrate of 82.1 per 100,000 for tuberculosis. This marks a drop of nearly 16 per cent. in a single year. Prior to 1931, the tuberculosis deathrate among insured Canadians had been showing only a slow decline—by no means keeping pace with the drop observed in the United States.

Great progress has been made, in Canada, in reducing the deathrate for diarrheal diseases. The mortality from these conditions was nearly 37 per cent. lower in 1931 than in 1925, when they were the leading cause of death among Metropolitan Industrial policyholders in Canada. A decline in the deathrate from diarrheal complaints is the very best of evidence that parental intelligence, as applied to the care and feeding of children, is advancing. Canadian parents, in the wage-earning population, are following accepted precepts for child care as never before; and we may confidently expect further material declines in the mortality from these entirely preventable diseases.

The diphtheria mortality rate showed a further decline in 1931, following a sharp drop in 1930. Prior to 1930 there had been no improvement, for years, in the diphtheria deathrate of insured Canadian children.

In Canada, as well as in the United States, the mortality for some causes of death has been showing a rising tendency. Cancer is an outstanding example; and there was a particularly sharp rise in its deathrate, in both countries, in 1931. The mortality rates for diabetes, heart disease and automobile accidents are also increasing in both countries.

There has been little fluctuation in the deathrate from chronic nephritis, among insured Canadians, in recent years. This situation may be compared with a slight declining tendency shown for the insured in the United States.

The deathrate for conditions incidental to maternity has been showing a downward trend in both countries. In Canada, this was interrupted, in 1931, by a slight rise in the mortality among insured mothers from these diseases. In the United States the mortality rate from these conditions dropped to a new minimum in 1931.

The suicide deathrate, which has always been low among insured Canadians, rose sharply during the year 1930 followed by another increase in 1931. The same development was observed among insured American wage-earners.

Canada has always enjoyed a very low homicide mortality rate;

and the year 1931 was no exception. Even when we leave out of the consideration the extremely high homicide rate among insured negroes, in the United States, and limit the comparison to white lives, we find that the homicide deathrate among Canadian Industrial policyholders is about one-sixth that which obtains in the United States.

Automobile fatalities have become an important cause of death in Canada, with a continuously rising mortality rate from 1925 to 1929, and a very slight drop since that year.

Deathrates per 100,000 from Principal Causes. Metropolitan Life Insurance Company, Weekly Premium Paying Business, Industrial Department (All Ages). Canadian Head Office, 1925 to 1931

Cause of Death	Deathrates per 100,000						
	1931*	1930	1929	1928	1927	1926	1925
All Causes of Death	807.1	871.0	917.8	884.0	905.1	913.8	870.2
Typhoid fever	5.6	4.1	4.7	6.0	26.9	5.7	6.3
Communicable diseases of childhood	31.0	40.1	48.9	42.9	60.7	56.8	47.4
Measles	3.4	6.8	8.4	5.8	11.7	10.7	7.3
Scarlet fever	5.6	6.6	7.3	6.7	9.2	7.1	8.6
Whooping cough	10.8	13.5	11.3	8.9	17.0	22.1	11.9
Diphtheria	11.2	13.2	21.9	21.5	22.8	16.9	19.6
Influenza and pneumonia	96.9	112.6	159.5	121.6	107.9	145.1	112.3
Influenza	25.1	21.5	57.4	33.5	25.0	49.0	27.1
Pneumonia	71.8	91.1	102.1	88.1	82.9	96.1	85.2
Tuberculosis—(All forms)	82.1	97.3	96.8	94.3	100.9	102.6	104.2
Tuberculosis of respiratory system	64.2	72.1	77.2	76.0	84.4	81.9	85.9
Cancer—(All forms)	70.8	65.9	63.6	60.2	61.9	57.2	58.1
Diabetes mellitus	11.5	10.0	9.2	11.3	10.3	9.0	6.9
Cerebral hemorrhage, apoplexy	†37.4	†39.8	35.3	32.3	32.1	30.8	32.5
Diseases of heart	84.4	79.8	84.4	79.2	82.8	84.6	76.0
Diarrhea and enteritis	70.3	83.7	79.5	96.2	93.3	98.6	110.9
Chronic nephritis (Bright's Disease)	37.6	34.9	37.7	35.8	36.3	39.2	31.6
Puerperal state—total	15.2	14.8	15.3	16.2	18.6	18.4	20.6
Total external causes	53.1	55.1	56.3	57.2	56.9	47.9	47.4
Suicides	4.6	4.2	3.1	2.8	2.8	2.8	2.9
Homicides	.7	.8	.2	.8	.6	.4	.6
Accidents—total	47.8	50.1	53.0	53.6	53.5	44.7	43.9
Accidental burns	3.7	3.5	4.5	6.3	4.9	4.8	5.2
Accidental drowning	10.6	10.1	11.6	9.9	10.7	8.7	8.8
Accidental traumatism by fall	4.4	3.2	4.7	4.9	3.9	4.7	3.9
Accidental traumatism by machines	1.0	.8	1.3	1.0	1.0	.4	.8
Railroad accidents	2.3	1.5	3.0	2.9	2.4	3.0	1.7
Automobile accidents	12.9	11.9	13.2	10.7	10.6	8.5	7.5
All other accidents	12.9	19.1	14.7	17.9	20.0	14.6	16.0
Other diseases and conditions	211.2	232.9	226.6	230.8	216.5	217.9	216.0

*The rates for 1931 are subject to slight corrections, since they are based on provisional estimate of lives exposed to risk.

†Rate not comparable with that for prior years.

DEATHRATE FROM LEUKEMIA INCREASING

For more than twelve years we have presented in these BULLETINS statistical data of the mortality, among the millions of Metropolitan Industrial policyholders, from the principal diseases and conditions causing death. For the most part, the articles have concerned themselves with those diseases which were either of paramount importance numerically or of major public health interest as conditions subject to control. It is now planned to publish a series of articles, relating to other causes of death, which have shown striking changes in their trends of mortality, or which are of increasing interest to the medical profession because of recent advances in its knowledge of causation or treatment. In some instances new lines of medical research may possibly be indicated.

This first article of the series relates to leukemia. This is a disease of the blood and the blood-making organs characterized by a permanent increase in the number of white blood corpuscles and by enlargement of the spleen, the lymphatic glands and the marrow of the bones, together or separately. It is a fatal disease from which recovery is practically unknown.

Comparing the five years 1921 to 1925 with the period 1927 to 1931, we find an increase of 18 per cent. in the leukemia deathrate for white males and of 64 per cent. for white females. Among white males the two age groups below ten years and those between 15 and 24 years suffered the largest increases. Only at age periods 10 to 14 years and 35 to 44 years were there decreases in the deathrate. Among white females, however, the largest rises in the deathrates were felt, in general, at the ages of maximum incidence of the disease, that is, in early childhood and in later life. Only at the age period 20 to 24 years did the deathrate for white females show any decline. These facts are shown in the table on page 11.

The leukemia mortality rate for white males, ages one to 74 years, is now a little higher than that for white females. Ten years ago the difference was much greater, with the deathrate for white males running 55 per cent. greater than that for white females. But the more rapidly increasing mortality for females has reduced this excess in the deathrate to 11 per cent. for the period 1927 to 1931. Furthermore, during the earlier years the deathrate for females exceeded that for males only at the age period 20 to 24 years. In the more recent five-year period, the mortality for females was the higher in the age group 10 to 14 years, and between 25 and 54 years.

We have no satisfactory explanation for the increase in the recorded deathrate from leukemia. The growing use of the blood picture, in diagnosis, has undoubtedly resulted in the recognition of more and more cases, and in a consequent increase in certifications of leukemia on death certificates. This accounts, in part, for the rise in the deathrate, but sheds no light on the causes underlying the greater increase among females, or on the fact that in certain sex-age groups there appears to have been either no change, or an actual drop in the leukemia deathrate.

Deathrates per 100,000 from Leukemia. White Persons—Ages One to 74 Years. Metropolitan Life Insurance Company. Premium Paying Industrial Business. 1921 to 1931

Age Period	Deathrates per 100,000				Per Cent. Change 1927–1931 Since 1921–1925		Per Cent. Male of Female Rate	
	Males		Females					
	1927 to 1931	1921 to 1925	1927 to 1931	1921 to 1925	Males	Females	1927 to 1931	1921 to 1925
Ages One to 74 Years*.....	2.0	1.7	1.8	1.1	+17.6	+63.6	111	155
1 to 4.....	3.1	2.4	2.7	1.3	+29.2	+107.7	115	185
5 to 9.....	2.1	1.2	1.1	.6	+75.0	+83.3	191	200
10 to 14.....	.8	1.2	1.0	.6	—33.3	+66.7	80	200
15 to 19.....	1.8	1.0	1.0	.6	+80.0	+66.7	180	167
20 to 24.....	1.1	.7	.8	.9	+57.0	—11.1	138	78
25 to 34.....	1.2	1.2	1.3	.8	—	+62.5	92	150
35 to 44.....	1.2	1.3	1.3	1.2	—7.7	+ 8.3	92	108
45 to 54.....	3.0	2.4	3.3	1.8	+25.0	+83.3	91	133
55 to 64.....	4.4	3.9	4.1	2.4	+12.8	+70.8	107	163
65 to 74.....	5.0	4.2	4.6	1.8	+19.0	+155.6	109	233

*Standardized deathrates at ages one to 74 years.

HEALTH RECORD FOR FEBRUARY, 1932

The unprecedently favorable health conditions which prevailed in January continued throughout February. In the former month, the deathrate was 7.6 per cent. below the previous low point; in February it was 7.8 per cent. under the former February minimum. Furthermore, during the first half of March death claims among Metropolitan Industrial policyholders were fewer than for the same period of last year. There is, therefore, every reason to expect that the 1932 mortality rate of the American and Canadian industrial population for the first quarter will register a new minimum for this period of the year. In Canada, and in the far western section of the

United States, the cumulative deathrates of insured wage-earners at the end of February were also lower than ever before, at this time of the year. Such reports as are available for the general population of the United States supplement those for Metropolitan policyholders and show that depression and unemployment have not yet seriously affected the public health. Nowhere in the United States or Canada has there been, this year, widespread prevalence of any epidemic disease. There has been much sickness from influenza, it is true; but in only a few instances has the disease been of the type which runs quickly into pneumonia and causes death. In fact, we have never before experienced, in January and February, as low pneumonia mortality rates as those which have prevailed during these months in 1932.

With respect to the more important causes of death, the situation is, for the most part, impressively favorable. The principal epidemic diseases of childhood, with the exception of diphtheria, show lower deathrates than at this time last year; and diphtheria has registered the same figure as at this time in 1931—which was the lowest ever recorded for this disease. The tuberculosis mortality rate has improved by nearly 14 per cent. With this favorable start, we may confidently look forward to the attainment of another new minimum in tuberculosis mortality this year. With diabetes, for the first time since 1924, there appears to be reason to expect a break in the series of continuously increasing mortality rates. The deathrate from cardiac diseases has dropped 9.4 per cent., as compared with that for the January-February period of 1931; that for cerebral hemorrhage, 8.7 per cent.; that for pneumonia, 37.4 per cent.; for diarrhea and enteritis, 19.8 per cent.; for chronic nephritis, 6 per cent.; and for accidents, 11.1 per cent.

The unfavorable items are cancer and automobile fatalities. For the former, the year-to-date deathrate is nearly 3 per cent. higher than at this time in 1931, during which year cancer mortality increased sharply to a new maximum. There have been more automobile fatalities than ever before during the like period of any year.

The deathrate in the general population of the large cities of the United States, in February, was 12.3 per 1,000 estimated population, as compared with 12.2 in the preceding month, and 14.2 in February 1931. Comparison with January shows more sickness from influenza, measles and scarlet fever, together with fewer cases of diphtheria, poliomyelitis, smallpox and typhoid fever. As compared with

February a year ago, there were more cases of diphtheria, poliomyelitis and typhoid fever, but less sickness from influenza, measles, scarlet fever and smallpox.

Influenza cases, as reported from twenty-seven states, increased from 5,368 in January, to 16,478 in February. Nevertheless, the prevalence of influenza was less than two-fifths that observed in February a year ago when the number of cases in these same states reached 41,895.

Reports from thirty states show that measles cases increased from 19,410 in January, to 34,100 in February. The increase was general throughout the country, but particularly marked in Connecticut, New York, New Jersey, Pennsylvania, Ohio, Illinois, Michigan and Wisconsin. Scarlet fever cases, in forty-seven states, increased from 19,188 in January, to 23,442 in February.

Following are some of the more noteworthy health activities reported during February. The ORTHOPEDIC ASSOCIATION OF MICHIGAN was recently established, principally for the purpose of cooperating with the STATE COMMISSION FOR CRIPPLED CHILDREN in the care of indigent cripples. The NATIONAL RESEARCH COUNCIL is sponsoring a survey of the present status of mental disorders in the United States. The survey will be financed by a grant from the CARNEGIE FOUNDATION. A free clinic for the diagnosis of cancer was opened, in January, at the JOHN N. NORTON MEMORIAL INFIRMARY, LOUISVILLE. This is the first clinic of its kind in Kentucky and is said to be the second in the southern states.

The following table shows the mortality among Industrial policyholders for February, 1932; January, 1932, and February, 1931, together with the cumulative rate for the first two months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates* per 100,000 for Principal Causes Premium Paying Business in Industrial Department (Annual Basis)

MONTHS OF FEBRUARY, 1932; JANUARY, 1932, AND FEBRUARY, 1931

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	Feb. 1932	Jan. 1932	Feb. 1931	Cumulative Jan.–Feb.	
				1932	1931
TOTAL—ALL CAUSES	878.6	870.0	1034.4	874.2	1010.9
Typhoid fever	1.5	1.5	1.3	1.5	1.4
Measles	2.4	2.2	3.0	2.3	2.8
Scarlet fever	3.6	2.3	4.1	3.0	3.7
Whooping cough	3.4	2.7	4.6	3.1	4.3
Diphtheria	6.5	6.1	5.7	6.3	6.3
Influenza	22.5	15.5	58.6	18.9	43.8
Tuberculosis (All forms)	70.0	67.7	81.9	68.8	79.8
Tuberculosis of resp'y system	63.0	60.1	72.2	61.5	71.0
Cancer	86.9	83.4	84.0	85.1	82.7
Diabetes mellitus	22.3	22.1	25.3	22.2	24.3
Cerebral hemorrhage	61.7	65.7	64.2	63.8	69.9
Organic diseases of heart	158.1	156.7	171.9	157.4	173.8
Pneumonia (All forms)	84.3	83.6	146.7	84.0	134.2
Other respiratory diseases	12.3	10.6	15.1	11.4	14.4
Diarrhea and enteritis	7.8	8.5	9.1	8.1	10.1
Bright's Disease (Chronic nephritis)	68.0	72.6	75.1	70.4	74.9
Puerperal state	11.4	9.9	10.9	10.6	11.0
Suicides	10.4	8.7	9.3	9.5	8.5
Homicides	6.3	6.2	5.6	6.2	6.2
Other external causes (excluding suicides and homicides)	44.6	53.0	51.5	49.0	55.1
Traumatism by automobiles	15.7	23.3	15.3	19.6	18.7
All other causes	194.5	190.7	206.5	192.5	203.6

*All figures in this table include insured infants under one year of age. The rates for 1931 and 1932 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

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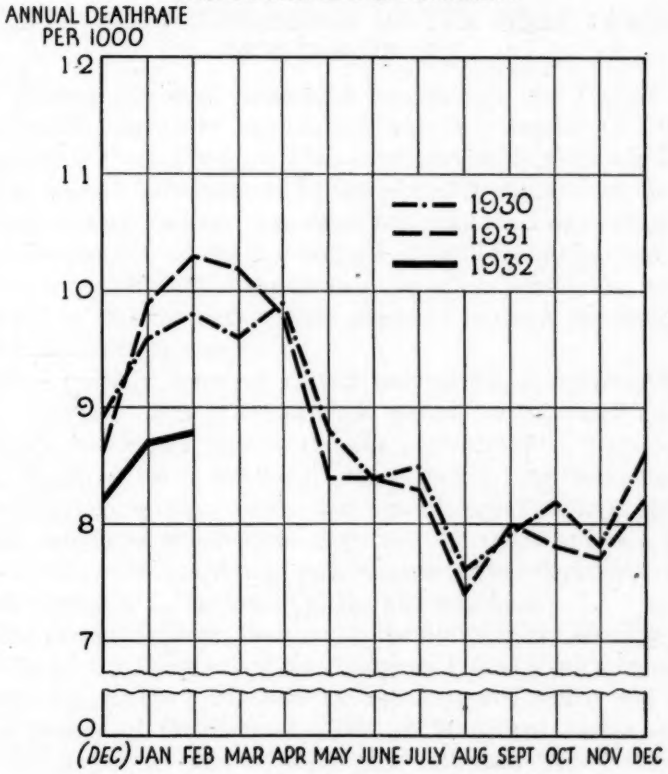
DEATHRATES
FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE CO
INDUSTRIAL DEPARTMENT



1930	9.6	9.8	9.6	9.9	8.8	8.4	8.5	7.6	7.9	8.2	7.8	8.6
1931*	9.9	10.3	10.2	9.8	8.4	8.4	8.3	7.4	8.0	7.8	7.7	8.2
1932*	8.7	8.8										

* *Rates for 1931 and 1932 are provisional*